

Northampton Aquatic & Family Center JFK Middle School, 100 Bridge Road, Florence, MA



Masters', Fitness and Triathlete Swimming Session III Spring 2020



Are you interested in a lifelong fitness activity, Master swimming competition or participating in a Triathlon? If so we have a great opportunity for you. Our program emphasizes stroke improvement and refinements using drills and positive feedback as well as training for improved cardiovascular fitness, overall fitness and speed. We have different levels of training ranging from newcomers to advanced swimmers.

Coach Kim B. has worked with age group, high school, collegiate, open water and master swimmers of ALL levels from non-swimmer, beginner through NCAA Champions and English Channel swimmers. 6 years HRY age group team coach, 3 years NHS swim team coach, 40+ years as Smith College Coach, 50 years of swimming teaching/coaching experience. Believes in positive feedback and positive motivation. Strives to help everyone achieve her/his goals.

MORNING CLASS Tuesday & Thursday 6:05 - 7:25 am

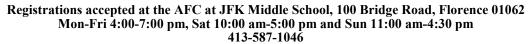
3:

Date: April 23 - July 30 (29 classes)

Fee: \$110 / \$160 / \$170

(Daily Walk in fee: \$6 / \$7 / \$8)

Fees listed in the order of AFC Member / Resident / Non-Resident



or

Northampton Parks & Recreation Department, 100A Bridge Road, Florence, MA 01062 Mon-Fri 8:30 am-4:30 pm 413-587-1040

vw.northamptonma.gov/recreation





REGISTRATION FORM ON REVERSE SIDE

NORTHAMPTON PARKS & RECREATION DEPARTMENT - REGISTRATION FORM **Today's Date:** ____/___/ PLEASE PRINT LEGIBLY New to Northampton I have updated my Parks & Recreation Information ADULT 1 ADULT 2 Name Name Address Address St _____ Zip_____ City St Zip Phone: (H) () (W) () Phone: (H) () (W) () Cell ()_____ Email: ____ Email: EMERGENCY CONTACT OTHER THAN PARENT Photo Release: May Northampton Parks & Recreation Department use photos of you or your family members for brochure, website, promotional use? Phone (____)____ No PARTICIPANT'S FULL NAME: Gender Current Grade as of Fall ___ (Year) (Grade) Date of Birth School Non-Res Fee **Program Name** Session Day(s) Level **Start Date** Basic Fee (where applicable) **Total Fee** \$ \$ \$ TOTAL FEE FOR PARTICIPANT | \$ PASS PURCHASE **Special Considerations/Comments** Pass **Pass Length** Fee Pass Type (Use separate sheet of paper if necessary) Res: Adult Family Senior Youth 6 Month 12 Month Aquatic Center Non-Res Adult Family Senior Youth DOB Pass Holder's Name(s) Gender Pass/Tag# Issued TOTAL AMOUNT DUE Recreational and Volunteers Activities Release Form I, the undersigned, do hereby consent to my participation in voluntary or recreation programs of the City of Northampton. I also agree to forever release the City of Northampton, and all their employees, agents, board members, volunteers and any and all individuals and organizations assisting or participating in any voluntary or recreation programs of the City of Northampton from any and all claims, rights of action and causes of action that may have arisen in the past, or may arise in the future, directly or indirectly, from personal injuries to myself or property damage resulting from my participation in the City of Northampton voluntary activities or programs. I also promise, to indemnify, defend, and hold harmless the Releasees against any and all legal claims and proceedings of any description that may have been asserted in the past, or may be asserted in the future, directly or indirectly, arising from personal injuries to myself or property damage resulting from participation in the City of Northampton voluntary activities or recreation programs. I further affirm that I have read this Consent and Release From and that I understand the contents of this Form. I understand that my participation is voluntary and that I am free to choose not to participate in said programs. By signing this form, I affirm that I have decided to participate in the City as a volunteer or in its recreation programs with full knowledge that the Releasees will not be liable to anyone for personal injuries and property damage that I may suffer in voluntary activities with the City of Northampton or recreation programs. Charge my VISA Master Card Discover Card # Name on Card Signature

RT Date

_____ Cash ___ Check # ____ Credit ___ Date ____

Office Use Only: Amt Rec'd \$